No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1956

State File No. 3876

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 4yr.10mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rathburn N.H. 611 No. 11th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 611 No. 11th Street

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3. NAME OF DECEASED (Type or Print)
a. (First): Rachel
b. (Middle): Ester
c. (Last): Helvy

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23, 1956

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 29, 1868
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: housework
11. BIRTHPLACE (City and State or Foreign Country): Rushville, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John McQueen
13b. MOTHER'S MAIDEN NAME: Ester Martin
14. NAME OF HUSBAND OR WIFE: William Helvy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Nursing Home Records — ADDRESS: St. Joseph, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Cerebral Hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Partial Hemiplegia--right side — Unk.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Diarrhea and General Debility — Unk.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 33/X
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/20, 1953, *to* 2/23/, 1956, *that I last saw the deceased alive on* 2/22, 1956, *and that death occurred at* 4:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. F. Mundy (Degree or Title): MD
23b. ADDRESS: 2801 Sacramento St. St. Joseph, Missouri
23c. DATE SIGNED: 2/24/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/27/1956
24c. NAME OF CEMETERY OR CREMATORY: Frazier Cemetery
24d. LOCATION (City, town, or county) (State): Frazier, Missouri

DATE REC'D BY LOCAL REG.: Mar 6, 1956
REGISTRAR'S SIGNATURE: Esther M. Allison 48.5
25. FUNERAL DIRECTOR'S SIGNATURE: Heaton-Bowman — ADDRESS: St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 4 5 3 6

P. O. Address 319 E 10th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.